

115

MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Gila State Arizona State File No. 88
 District or Township Globe or Village _____ Local Registrar's No. 72
 City Globe No. County Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME John Masters Hawes
 (a) Residence, No. _____ (Usual place of abode) St. _____ Ward _____
 Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Widowed
 (Write the word)

6a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Oct. 5, 1863

7. AGE 68 Years Months Days IF LESS than 1 day _____ hrs.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Freighter

(b) General nature of industry, business or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (city or town) Provo City
 (State or country) Utah

10. NAME OF FATHER James E. Hawes

11. BIRTHPLACE OF FATHER _____ (city or town)
 (State or country) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER _____ (city or town)
 (State or country) _____

14. Informant Ralph Hawes
 (Address) Globe Arizona

15. Filed 6/9 1931 S. E. Longman Registrar.
 3 25974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 20 1931
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1931 to May 20, 1931,
 that I last saw him alive on May 20, 1931.

and that death occurred, on the date stated above, at 10:00 a.m.
 The CAUSE OF DEATH* was as follows:

Psychitis, cystitis and
Right Renal calculus

(duration) _____ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. mos. ds.

18. Where was disease contracted?
 If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical exam & tray
 (Signed) C. W. Hawes M. D.
May 21 1931 (Address) Globe, Ariz.

* State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR _____
Central Arizona

DATE OF BURIAL May 27, 1931

20. UNDERTAKER Jones Funeral Home

ADDRESS Globe Ariz.